Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

Ceremoniai Role Eveni	is and ric	Keurass	Distributions		 A Public Document
1. Agency Name				Date Stamp	California 802
County of Los Angeles		12	Form OUZ		
Division, Department, or Regi	on (If Applicable		For Official Use Only		
Board of Supervisor, First Dis	trict				
Designated Agency Contact (
Barbara Garcia, Ticket Admin	istrator				
Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111	bgarcia@bos.lacounty.gov			Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inforr				34	9.00
Does the agency have a ticket	policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	9.00
Event Description Music Cent	er Performan		Date(s) 05	5 2019	
Ticket(s)/Pass(es) provided by	95	Yes□ No	✓ If no: Music (
Was ticket distribution made a	t the beheat			Name of Sour	rce
of agency official?	t the benest	No⊠ Yes	If yes:	Official's Name (La	est, First)
3. Recipients					
Use Section A to identify the agency	's department or i	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identify	y an outside organization.
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
Staff		2	Per ticket policy 5.3 (k)	
	Water Market Market State Control				
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
			Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
			Ceremonial Role	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
			www.endoco.co.co.co.co.co.co.co.co.co.co.co.co.		
. Verification	O-LOUIS				
I have read and understand FPPC Regula	ations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.
Davan de	Barbara	a Garcia	Admi	nistrative Director	04/24/2019
Signature of Agency Head or Designee		Print Nam	ne	Tille	(Month, Day, Year)
Comment:					

Agency Report of:

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	0 80 0
County of Los Angeles	onoutewatered desire channel (co. • o	Form 802		
Division, Department, or Region (If Applicable		For Official Use Only		
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)	1			
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail	Amendment (Must provide explanation in Part 3.)			
213-974-4111 bgarcia@bos	Date of Original Filing: (Month, Day, Year)			
2. Function or Event Information			ı.	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$ 3	49.00
Event Description Music Center Performan			,5 2019	
Provide Title/Expl	anation	Date(s) 05		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Music	Center	
			Name of Source	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Officially Man	ant Simt)
			Official's Name (L	ast, First)
3. Recipients		alla a maa ta are aa aa aa aa a		
Use Section A to identify the agency's department or I	Number of	the state of the s	Art - To the Call Call Call Call Call Call Call Cal	Programme Carrolled States of the Carrolled States
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy	
Staff	2	Per ticket policy 5.3 (
	700-000-000-000-000-000-000-000-000-000			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:
	Pass(es)	1		
		Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role Role Role Role Role Role Role Rol	Other describe below:	Income
			assumes a massion of the company of	ort come como la la constanta de la compania de la
		Ceremonial Role	Other	Income
		ir checking "Ceremonia	al Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
		A. C.		
. Verification		ou.		and the second s
I have read and understand FPPC Regulations 18944.1 and		erified that the distribution set fo	orth above, is in accordance with	the requirements.
Barbara	nistrative Director	04/24/2019		
Signature of Agency Head or Designee	ne	Title	(Month, Day, Year)	
Comment:				
Somment.				FPPC Form 802 (4/12)
		F	FPPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)

Agency Report of:

eremonial Role Events and Tic	ket/Pass	Distributions		A Public Documer	
. Agency Name			Date Stamp	California OOC	
County of Los Angeles		Form 802			
Division, Department, or Region (If Applicable		For Official Use Only			
Board of Supervisor, First District	1				
Designated Agency Contact (Name, Title)	1				
Barbara Garcia, Ticket Administrator	<u> </u>				
Area Code/Phone Number E-mail	Amendment (Must pr	ovide explanation in Part 3.)			
213-974-4111 bgarcia@bos	Date of Original Filing: (Month, Day, Year)				
Function or Event Information					
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$ 4	49.00	
Event Description Music Center Performan			,5 ,2019		
Provide Title/Expl	anation	Date(s) 05			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Music	Center Name of Sou	rce	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)	
Recipients					
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.	ınit. • Use Se	ction B to identify an individu	ıal. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy	
Staff	2 Particles maline 5.2 (1)				
Stall	2	Per ticket policy 5.3 (tet policy 5.3 (k)		
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
		Ceremonial Role	Other	Income	
		If checking "Ceremoni	al Role" or "Other" describe below:		
		2		F	
		Ceremonial Role If checking "Ceremoni	Other And Annual Control of the Annual Contr	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			· · · · · · · · · · · · · · · · · · ·		
Verification A I					
I have read and understand FPPC Regulations 18944.1 and		erified that the distribution set fo	rth above, is in accordance with	the requirements.	
Barbara Barbara	Garcia	Admi	nistrative Director	04/24/2019	
Signature of Agency Head or Designee	Print Nam	ee .	Title	(Month, Day, Year)	
Comment:					